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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/719111	FILING DATE				
						APPLICANT(S)					
						CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
0						60					
1						61					
2						62					
3						63					
4						64					
5						65					
6						66					
7						67					
8						68					
9						69					
0						70					
1						71					
2						72					
3						73					
4						74					
5						75					
6						76					
7						77					
8						78					
9						79					
0						80					
1						81					
2						82					
3						83					
4						84					
5						85					
6						86					
7						87					
8						88					
9						89					
0						90					
1						91					
2						92					
3						93					
4						94					
5						95					
6						96					
7						97					
8						98					
9						99					
0						100					
1						TOTAL IND.					
2						TOTAL DEP.					
3						TOTAL CLAIMS					
4											
5											
6											
7											
8											

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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